

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	AUTOMATED STEREOCAMPIMETER AND RELATED METHOD FOR IMPROVED MEASUREMENT OF THE VISUAL FIELD
Attorney Docket Number::	K19-029
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	22
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	National Institutes of Health, Small Business Technology Transfer Program
Contract or Grant Numbers::	R41 EY13341-01
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Anthony
Middle Name::	P.

Family Name::	CAPPO
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	135 West 20th St., No. 303
City of mailing address::	New York
State or Province of mailing address::	NY
Postal or Zip Code of mailing address::	10011

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Gregory
Middle Name::	
Family Name::	BENNETT
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	360 East 65th St., No.8E
City of mailing address::	New York
State or Province of mailing address::	NY
Postal or Zip Code of mailing address::	10021

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Matthew
Middle Name::	D.
Family Name::	ORR
City of Residence::	Danbury
State or Province of Residence::	CT
Country of Residence::	US
Street of mailing address::	17 Ohehyahtah Place
City of mailing address::	Danbury
State or Province of mailing address::	CT
Postal or Zip Code of mailing address::	06810

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Virginia
Middle Name::	
Family Name::	LUBKIN
City of Residence::	Bronx
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	1 Blackstone Place

City of mailing address:: Bronx
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10471

Correspondence Information

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Representative Information

Representative Customer Number::	28156	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non- Provisional of	60/412,434	09/20/02

Assignment Information

Assignee name:: CENTROFUSE TECHNOLOGIES, LLC

Street of mailing address::	Old Chelsea Station, P.O. Box 1080
City of mailing address::	New York
State or Province of mailing address::	NY
Country of mailing address::	US
Postal or Zip Code of mailing address::	10113